

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001352

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

140

Primary Registration District No.

3024

Registrar's No.

7

STATE FILE NUMBER

FILED JAN 28 1963

1. PLACE OF DEATH

a. COUNTY

Howard

b. CITY (If outside corporate limits, give TOWNSHIP only)

Fayette, Missouri

Length of stay in 1b

48 hrs

c. FULL NAME OF (If NOT in hospital, give location)

Keller Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Howard

c. CITY

Armstrong

OR TOWN

Inside Limits

Yes ☐ No ☒

d. STREET (If outside, give location)

Prairie Twp.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

AMOS

Middle

MARTIN

Last

STAHR

4. DATE

Month

Day

Year

OF DEATH

JAN.

20,

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

8/25/1906 56

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Supervisor

10b. KIND OF BUSINESS OR INDUSTRY

Dairy Herd Imp. Assn. Clay Center Kan. U.S.A.

13a. FATHER'S NAME

John Stahr

13b. MOTHER'S MAIDEN NAME

Anna Reuther

14. NAME OF HUSBAND OR WIFE

Minnie Jesse Halley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

5

17. INFORMANT

Lee Sweet, Armstrong, Missouri

18. CAUSE OF DEATH (Enter only one cause per
PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of R-lung metastasis

INTERVAL BETWEEN
ONSET AND DEATH

3 mos.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYMonth, Day, Year
Hour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred atJan 7 - 63
7th P. M.

to Jan 20 1963

and last saw him alive on Jan 20, 1963

22a. SIGNATURE

Wm. G. Shaw, M.D.

22b. ADDRESS

Fayette Mo

22c. DATE SIGNED

1-22-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

1/23/1963

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Cemetery

23d. LOCATION (City, town, or county)

Fulton, Missouri

(State).

24. FUNERAL DIRECTOR

ADDRESS

Fayette, Mo.

25. DATE RECD. BY LOCAL REG.

1-22-63

26. REGISTRAR'S SIGNATURE

Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10451

20450

3

4 0

5 1

6

7 1

8 2

9/63X

10

11

12 2-0

13 1-0

Permit issued 1-22-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.